

27136 /17

Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية Al Amin Maintenance & Contracting Co. Ltd.

| Hospital/Clinic: King Abolullah | | Telepho | one : | Date: 19.08.2018 | | | Invoice#: | | | |
|--|---------------------------------------|---------------|--------------|-----------------------------|---------------|----------|-------------------|-------------|---|--|
| Medical City. | | Fax: | | PPM | | 1 | | | | |
| Address | | | P.O. # : | P.O. # : | | | allation | | | |
| Makkah. | | | Receive | Received thru: | | | ranty | | | |
| | | | | SAP Service Call #: | | | tract | | | |
| Contact Perso | n: | | | | Paid | Service | | | | |
| Model: | CON | STELLATI | ON Serial # | : 1303 | 26470 | X De | scription A | nter. 1Post | e. System | |
| Problem / Erro | or: | LXT | | | | • | | | | |
| | FC | 6163. P | neumo | tic po | P < < 111/0 | trans | ducere | votoron | 00 | |
| | no Hage | e is un | accept | able. | e ssure | TOILS | MACIS | 16 ICIEI | CE. | |
| Work Report : | | | O.C. | | | | | | | |
| | After | check | , mac | hine no | eed to | o ver | place F | Primatio | _ | |
| Mod | dule (in | clude f | nemat | ic cont | roller | PCB | PIN 21 | 2-2672 | - 5525 | |
| | | r inlet | | | | | | | Jan | |
| J | | | | | | . J | J | | | |
| Optical | Ophtha [| Derma [| E | NT | Ortho | Neu | ıro 🗌 | General | | |
| Qty. Part Des | | | | | on | | | Part # | Price | |
| l | entrol | introller PCB | | | 212-26 | | 17904.60 | | | |
| Air inlet (Fill | | | | | | | 212-1040-5 | | | |
| | | * | | | | | Ta | tal include | | |
| | | | | | | | | VAT | 37,125.9 | |
| Warranty Per | iod: | | | | | | lnvo | pice # | | |
| | Acceptance Date 1st | | st PM 2nd PM | | | | 3rd PM | | 4th PM | |
| Acc | | / | | / / 20 | | | / / 20 | | / / 20 | |
| Acc | / / 20 | | / 20 | / | / 20 | | / / 20 | / | / 20 | |
| Date | | 1 | / 20 | / | / 20 | | / / 20 | | / 20 | |
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| | / / 20 | Unit Total | / 20 | Working Time | / 20 | tal Date | / / 20 |) / | | |
| Date | / / 20 | Unit Total | / 20 | Working Time | / 20 | tal Date | / / 20 |) / | | |
| Date | / / 20 | Unit Total | / 20 | Working Time | / 20 | tal Date | / / 20 |) / | | |
| Date | / / 20 | Unit Total | / 20 | Working Time | / 20 | tal Date | / / 20 |) / | | |
| Date | / / 20 | | / 20 | Working Time | / 20 | tal Date | / / 20 | ses Total | | |
| Date | Travel Time To Total Total Tr | avel | / 20 | Working Time | / 20 Unit Tot | tal Date | Expens Total Expe | ses Total | | |
| Date Date From Work Complet Need Follow-u | Travel Time To Total Total True Yes | avel No No | / 20 | Working Time To Total Total | / 20 Unit Tot | Dai | Expens Total Expe | ses Total | | |
| Date Date From Work Complet | Travel Time To Total Total True Yes | avel No No V | / 20 | Working Time To Total Total | / 20 Unit Tot | Dat | Expens Total Expe | ses Total | | |

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